



**COMMONWEALTH OF PENNSYLVANIA**  
**DEPARTMENT OF ENVIRONMENTAL PROTECTION**  
**BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT**

Inspection Date 06/02/98  
 Time Start 1345  
 Time Finish 1700

### HAZARDOUS WASTE INSPECTION REPORT

☒ **GENERATOR** ☐ **S Q GENERATOR**

Company name B. Braun Medical, Inc. I.D. Number PAD 982679169  
 Site Address 901 Marcon Blvd. Allentown, PA 18103  
 County Lehigh Municipality Hanover twp. ZIP 18103  
 Name of Inspector Stephen Puzio  
 Name & Title of Responsible Official George Burke, Vice President of Manufacturing  
 Person Interviewed Lisa Hillington, Envir. Affairs Coord. Telephone (610) 266-0500  
 Mailing Address (if different from above) SAME ext. 2584  
 Amount of Hazardous Waste Generated per Month: > 2200 Pounds \_\_\_\_\_ Kgs

**1. Site Characterization:**

STORAGE: ☒ Container ☒ Tanks ☐ Containment Bldg. ☐ Drip Pad Other \_\_\_\_\_  
 PBR: ☒ Neutralization/WWTP ☐ Reclaim Other \_\_\_\_\_  
 Generator Treatment ☐ Containers ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad

**2. Universal Waste:** ☐ Large Quantity Handler ☐ Small Quantity Handler

Universal Waste Types \_\_\_\_\_

**3. Hazardous Waste Transporters:**

Transporter Name Safety Kleen Corp License Number PA-AH 0172  
 Transporter Name Dart Trucking Company License Number PA-AH 0219  
 Transporter Name \_\_\_\_\_ License Number \_\_\_\_\_

**4. Types of hazardous waste generated and destination facility (location & type).**

Waste Code	Waste Description	Destination Facility
D008, D018	Waste parts cleaner solvent	Safety Kleen Corp
D039, D040		PAD 980552020
F002	Waste bags from	Waste Technologies
	Manufacturing Process	OHD 980613541
D002, D009	lab packs, printshop	Environmental Enterprises
D010	wastes	OHD 083377010
D001	waste alcohol and	Chemical Conservation GA
F003	waste solvent from Manufacturing	GAD 093380814



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**HAZARDOUS WASTE INSPECTION REPORT**  
**GENERATORS -- SMALL QUANTITY GENERATORS**  
**FACILITY SPECIFICS**

Site Name B. Braun Medical, Inc. ID Number PAD 982679169 Date 06/02/98

1 - No Violation Observed    2 - Not Applicable    3 - Not Determined    4 - Non Compliance

**STATUS****1 2 3 4****REQUIREMENT****CHAPTER CIT.****LINE**

				<b>CONTAINERS (Subchapter I)</b>		
1				Containers managed in compliance with Chapter 265 Subchapter I	262.34	H025
1				Containers of hazardous waste in good condition	265.171	H026
1				Containers and stored waste compatible	265.172	H027
1				Containers kept closed except during addition or removal of wastes	265.173	H028
1				Containers managed to prevent leaks	265.173(b)	H029
1				Containers labeled to accurately identify contents	265.173(c)	H030
1				Container storage areas inspected at least weekly	265.174	H031
1				Special requirements for ignitable or reactive and incompatible waste complied with	265.176, 265.177	H032
1				Proper containment and collection systems in place	265.178(a)-(d)	H033
1				All storage requirements for ignitable or reactive wastes and nonignitable or nonreactive wastes met	265.178(e)	H034
1				Containers clearly marked with accumulation date and visible for inspection	262.34(a)(2)	H035
						H036
						H037
						H038
				<b>TANKS (Subchapter J)</b>		
	3			Tanks labeled "Hazardous Waste"	262.34(a)(4)	H039
				Written certification by registered professional engineer for proper tank (system) design and installation on file	265.192	H040
				Secondary containment provided for tanks (systems) as required	265.193	H041
				Tanks (systems) managed to prevent rupture, leak, corrode or fail	265.194	H042
				Tanks labeled to accurately identify contents	265.194(d)	H043
				Required inspections completed and documented in operating log	265.195	H044
				Release reported to Department within 24 hours, unless exempted	265.196	H045
				Special requirements for ignitable and reactive wastes followed	265.198	H046
	V			SQ Generator complies with 265.201	262.34(e)(3)	H047

PAD982679169

06/02/98

Hazardous Waste Inspection Report  
Land Disposal Restriction Supplemental Checklist

1-No Violation Observed					2-Not Applicable					3-Not Determined					4-Non-Compliance				
Status					REQUIREMENT										Citation				
1	2	3	4												40 CFR Part 268				
					Generators														
1					Notification sent with shipments of wastes that do not meet treatment standards.										7(a)(1)				
1					Notification and certification sent with shipments of wastes meeting treatment standards.										7(a)(2)				
		3			Dilution not used as a substitute for treatment.										3				
1					Records maintained of notifications, certifications, waste analysis, and documentation supporting use of knowledge for waste classification.										7(a)(5), (a)(6)				
					Storage Facilities														
	2				Facility verifies generators classification of waste in accordance with waste analysis plan.										25 Pa Code 265.13(c)				
					Containers marked to identify contents and accumulation date.										50(a)(2)				
					Notification sent with shipments of wastes that do not meet treatment standards.										7(a)(1)				
					Notification and certification sent with shipments of wastes meeting treatment standards.										7(a)(2)				
					Facility maintains records of documents produced pursuant to LDR requirements.										7(a)(6)				
					Treatment Facilities, including PBR and RRR Facilities														
		3			Dilution not used as a substitute for treatment.										3				
1					Facility tests wastes or treatment residues to determine compliance with applicable treatment standards in accordance with waste analysis plan.										7(b)				
		3			Certification and/or notification sent with shipments of waste.										7(b)(4), (b)(5), (b)(6)				
					Land Disposal Facilities														
	2				Facility tests wastes received to assure compliance with applicable treatment standards.										7(c)(2)				
					Facility land disposes of restricted waste only if it meets applicable treatment standard.										40				
					Facility retains copies of generator notifications and certifications.										7(c)(1)				

4085

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## INSPECTION REPORT COMMENTS

Date of Inspection

06/02/98

Identification Number

PAD 982679169

Company/Facility/Site Name

B. Braun Medical, Inc.

I conducted an inspection of B. Braun Medical with Lisa Millington and Karen Zakszeski of B. Braun Medical. This facility, a large quantity generator of hazardous waste, manufactures plastic disposable medical devices at its Hanover township plant. Hazardous waste was generated from the cleaning and manufacturing of the medical devices. B. Braun has recently installed a new computer imaging device in the print shop. This device replaced the older equipment which generated a hazardous waste. The new imaging device does not generate any waste. The facility shipped the last of the print shop hazardous waste offsite today (6/2/98).

I toured the entire plant during the inspection including the waste accumulation shed and the waste PBR treatment area.

The facility neutralizes Ethylene Glycol process wastewater (hazardous waste) under a elementary neutralization permit-BY-RULE (Chapter 265.433). The Department determined that B. Braun qualifies for permit BY RULE on June 6, 1997. The neutralized process waste water was ~~being~~ being shipped offsite to International Petroleum Corp. Reviewed

Manifests, PPC plan\* I left a copy of the PPC plan guideline with Lisa Millington. NO VIOLATIONS NOTED

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person interviewed (signature)

Lisa Millington

Date

6/2/98

Inspector (signature)

Stephen Puzio

Date

06/02/98



# EVALUATION - VIOLATION - ENFORCEMENT FORM

07/97 VERSION

Handler ID Number: PA D 982679169

RCRA Non-Notifier: YES ☐ NO ☒

If YES, the handler section must be completed.

Handler Name: B Braun Medical, Inc.

Street: 901 Marcon Blvd.

City: Allentown

State: PA

Zip Code: 18103

County or County Code: Lehigh

Contact: Lisa Millington

UNIVERSAL CHANGE REQUIRED: YES ☐ NO ☒

or indicate Universal Status of the RCRA Non-Notifier: 2

I. Indicate the facility's current Universe(s):

LQG

II. Indicate the new RCRA Generator Universe:

LQG ☐ SQG ☐ CEG ☐

NON-HANDLER ☐

CLOSED ☐

NOTE: All TSD activities changes must be handled by the state data coordinator and cannot be made using this form.

III. Indicate the new transporter status:

Transporter ☐

Non-Transporter ☐

You must check at least one of the boxes

Mark Mode of Transportation

☐ Air ☐ Water  
☐ Rail ☐ Other  
☐ Highway

Check this box if the facility is currently listed in RCRA as a transporter and no longer transports hazardous waste.

EVALUATION: Add ☒ Change ☐ Delete ☐

Date	Number	Agency	Type	Reason	Branch	Person
<u>06/02/98</u>	<u>    </u>	<u>S</u>	<u>CEI</u>	<u>    </u>	<u>    </u>	<u>P.A.S.D.</u>

AREAS OF EVALUATION ( E - Evaluated NE - Not Evaluated NA - Not Applicable )

GGR <input checked="" type="checkbox"/>	GSC <input type="checkbox"/>	TWD <input type="checkbox"/>	DGW <input type="checkbox"/>	DOR <input type="checkbox"/>	DWP <input type="checkbox"/>	BRR <input type="checkbox"/>	FEA <input type="checkbox"/>
GLB <input checked="" type="checkbox"/>	GSQ <input type="checkbox"/>	DCH <input type="checkbox"/>	DLB <input type="checkbox"/>	DPB <input type="checkbox"/>	DIN <input type="checkbox"/>	BPS <input type="checkbox"/>	CSS <input type="checkbox"/>
GMR <input checked="" type="checkbox"/>	GEX <input type="checkbox"/>	DCL <input type="checkbox"/>	DLF <input type="checkbox"/>	DPP <input type="checkbox"/>	DIA <input type="checkbox"/>	BIS <input type="checkbox"/>	UOR <input type="checkbox"/>
GOR <input type="checkbox"/>	TGR <input type="checkbox"/>	DCP <input type="checkbox"/>	DLT <input type="checkbox"/>	DSI <input type="checkbox"/>	DPS <input type="checkbox"/>	BCE <input type="checkbox"/>	SCC <input type="checkbox"/>
GPT <input type="checkbox"/>	TMR <input type="checkbox"/>	DFR <input type="checkbox"/>	DMC <input type="checkbox"/>	DTR <input type="checkbox"/>	DOP <input type="checkbox"/>	BDT <input type="checkbox"/>	<input type="checkbox"/>
GRR <input checked="" type="checkbox"/>	TOR <input type="checkbox"/>	DGS <input type="checkbox"/>	DMR <input type="checkbox"/>	DTT <input type="checkbox"/>	DMI <input type="checkbox"/>	CAS <input type="checkbox"/>	<input type="checkbox"/>

Comments: NO VIOLATIONS NOTED

OUTSTANDING VIOLATIONS COVERED BY ABOVE EVALUATION

Agency	Number	Area	Date Determined	Agency	Number	Area	Date Determined
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VIOLATION: Add ☐ Change ☐ Delete ☐ Link to Above Evaluation: ☐ Y/N ☐

Agency	Number	Area	Class	Regulation Type	Regulation Citation	Date Determined	Priority	Branch	Person	Returned to Compliance Scheduled	Returned to Compliance Actual
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:     

☐ Required ☐ Required if pertinent ☐ Required only for previously reported data ☐ Not Required by EPA

